

**RECEIVED
CENTRAL FAX CENTER**

MAR 16 2007

PTO/SB/82 (01-08)

Approved for use through 12/31/2008. OMB 0651-0003.

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|-------------------------|-------------|
| Application Number: | 10/604546 |
| Filing Date: | 07-30-2003 |
| First Named Inventor: | Yu-Hung Sun |
| Art Unit: | 2627 |
| Examiner Name: | DINH, TAN X |
| Attorney Docket Number: | 66007-005 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

65358

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

65358

OR:

| | |
|--|--|
| <input type="checkbox"/> Firm or Individual Name: | |
|--|--|

| | |
|----------|--|
| Address: | |
|----------|--|

| | | | | |
|-------|--|--------|--|------|
| City: | | State: | | Zip: |
|-------|--|--------|--|------|

| | |
|----------|--|
| Country: | |
|----------|--|

| | | |
|------------|--|--------|
| Telephone: | | Email: |
|------------|--|--------|

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|------------|-----------------------|------------|----------------|
| Signature: | <i>Chang Chih-Hao</i> | | |
| Name: | Chang Chih-Hao | | |
| Date: | 7-07-3-10 | Telephone: | 888-3-575-2722 |

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.39. The information is required to obtain or retain a benefit by the public which is to be had by the USPTO to process an application. Confidentiality is governed by 15 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete this form, and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS; SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

MAR 16 2007

PTO/SB/42 (0-06)

Approved for use through 12/31/2008. GMB 1561-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|--------------|
| Application Number | 10/604546 |
| Filing Date | 07-30-2003 |
| First Named Inventor | Yuh-Jung Sun |
| Art Unit | 2627 |
| Examiner Name | DINH, TAN X |
| Attorney Docket Number | 66007.005 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

65358

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

65358

OR

Firm or
Individual Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Email:

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature:

Chuang Sen-Ming

Name:

Chuang Sen-Ming

Date:

2007. 3. 14

Telephone:

905-357-7722

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to be paid by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/02 (01-08)

Approved for use through 12/31/2008. GMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|-------------|
| Application Number | 10/604548 |
| Filing Date | 07-30-2003 |
| First Named Inventor | Yu-Hung Sun |
| Art Unit | 2627 |
| Examiner Name | DINH TAN X |
| Attorney Docket Number | 60007.005 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number.

65358

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

65358

OR

Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature:

Sun Yu-Hung

Name: Sun Yu-Hung

Date:

2007 3 14

Telephone:

656-3-578-7722

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 7.

BEST AVAILABLE COPY